


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90056 038 ****61.25

DOCUMENT # N25228
 1. Entity Name
MASON CITY COMMUNITY CENTER, INC.



Principal Place of Business Mailing Address
MARGIE MARKHAM **MARGIE MARKHAM**
833 SW MARKHAM STREET **833 SW MARKHAM STREET**
LAKE CITY FL 32024 **LAKE CITY FL 32024**

40010000



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 4. FEI Number **59-2892722** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THOMAS, DUANE E.
206 SOUTH MARION STREET
LAKE CITY FL 32056

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, CLARENCE	
STREET ADDRESS	ROUTE 2, BOX 327	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DICKS, CLIFFORD	
STREET ADDRESS	RT 28 BOX 646	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKHAM, MARGIE LOU	
STREET ADDRESS	RT. 29 BOX 1005	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, DAISY M	
STREET ADDRESS	ROUTE 7, BOX 391	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS, VALERIE W.	
STREET ADDRESS	RT 3 BOX 316	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DICKS, HARRY G	
STREET ADDRESS	ROUTE 1 BOX 130	
CITY-ST-ZIP	LULU FL 32061	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	230 SW Buckley Lane	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	339 SW CR 240	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	833 SW Markham Street	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4515 E US Hwy 90	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	709 SE Ormond Witt Rd.	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1676 SE Family Rd.	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry Dicks* DATE: *2-1-05* DAYTIME PHONE #: *386-752-1494*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR